## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

005paroro373

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                                       |                               |              |                  |          | SMALL ENTITY TYPE OF |                        |         | OTHER THAN R SMALL ENTITY |                        |  |
|---|---|---|---------------------------------------|-------------------------------|--------------|------------------|----------|----------------------|------------------------|---------|---------------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 14                                    |                               | 1            |                  | ı        | RATE                 | FEE                    | )<br>   | RATE                      | FEE                    |  |
| FOR   |   |   | NUMBER FILED                          |                               | NUMB         | ER EXTRA         |          | BASIC FEE            | -                      | OR      | BASIC FEE                 | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | / // minus 20=                        |                               | *            |                  | i        | X\$ 9=               |                        | OR      | X\$18=                    |                        |  |
| INDEPENDENT CLAIMS  |   |   | Z mir                                 | nus 3 =                       | * _          |                  |          | X42=                 |                        | OR      | X84=                      |                        |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                                |                               |              |                  |          | +140=                |                        | OR      | +280=                     |                        |  |
|   |   |   | less than zero, enter "0" in column 2 |                               |              |                  |          | TOTAL                |                        | OR      | TOTAL                     | 254                    |  |
| 3406 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                     |   |   |                                       |                               |              |                  |          | SMALL                | ENTITY                 | OR      | OTHER<br>SMALL I          | THAN                   |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | * 11                                      | Minus                                 | ** 1                          | 20_          | =                |          | x\$.a.5              |                        | OR      | x\$18-                    |                        |  |
|   | Independent   | * ]                                       | Minus                                 | ***                           | 3            | =                |          | ×4250                |                        | OR      | <b>X8</b> 4 <u>7</u> 0    |                        |  |
|   | FIRST PRESE   | NTATION OF MI                             | JUIPLE DEF                            | ENDEN                         | CLAIM        |                  |          | +/80                 |                        | OR      | +3600]                    |                        |  |
|   |   |   |                                       |                               |              |                  | L        | TOTAL                |                        |         | TOTAL                     |                        |  |
|   |   | _ ′                                       | ADDIT. FEE                            | ,                             |              | ADDIT. FEE       |          |                      |                        |         |                           |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | ** '                          |              | =                |          | X\$ 9=               |                        | OR      | X\$18=                    |                        |  |
|   | Independent   | ATATION OF M                              | Minus                                 | ***                           | F CL AIRA    | =                | <b> </b> | X42≈                 |                        | OR      | X84=                      |                        |  |
|   | FINST PRESE   | NTATION OF MU                             | DLIPLE DEP                            | ENDEN                         | CLAIM        |                  | <b>'</b> | +140=                | ·                      | OR      | +280=                     |                        |  |
|   |   |   |                                       |                               |              |                  | L        | TOTAL<br>ADDIT. FEE  |                        | <br> ∩¤ | TOTAL<br>ADDIT. FEE       |                        |  |
|   |   | (Column 1)                                |                                       | (Colur                        | mn 2)        | (Column 3)       | _        | ADDII. FEE B         |                        | •       | AUUII. FEEI               |                        |  |
| AMENDMENT.C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                            |              | =                |          | X\$ 9=               |                        | OR      | X\$18=                    |                        |  |
|   | Independent   | *   | Minus                                 | ***                           | F (2) 4114   | =                | ]        | X42=                 |                        | OR      | X84=                      |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                               |              |                  |          | +140=                |                        | OR      | +280=                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                                       |                               |              |                  |          |                      |                        | · '     | TOTAL                     |                        |  |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                               |              |                  |          |                      |                        |         |                           |                        |  |